

**CA-EDRS Fax Sheet**

**\*Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Ventura County Public Health 2240 E. Gonzales Rd. Suite 150 Oxnard, Ca. 93036

Fax Number: (805) 981-5149 [death.desk9815149@ventura.org](mailto:death.desk9815149@ventura.org)

**EDRS hours 9am-12pm & 1:30pm-4pm (normal business hours)**

**\*Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*EDRS or FDRS Record #:** \_\_\_\_\_

<b>*Decedents First Name</b>	<b>*Middle Name</b>	<b>*Last Name</b>
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<p align="center"><b>To UNLOCK Death Certificate</b></p> <p><b><u>Please DO NOT send Faxsheet for MI or SUBM LR review</u></b></p> <p>Make selection to <b>unlock</b> death certificate:</p> <p><input type="checkbox"/> Funeral Home Information (FHI)</p> <p><input type="checkbox"/> Personal Information (PI)</p> <p><input type="checkbox"/> Physician Medical Information (PMI)</p> <p>State reason: _____</p>	<p align="center"><b>To Unlock Fetal Certificate</b></p> <p>Make selection to <b>unlock</b> fetal death certificate:</p> <p><input type="checkbox"/> Personal Information (PI)</p> <p><input type="checkbox"/> Medical Information (MI)</p> <p><input type="checkbox"/> Physician Medical Information (PMI)</p> <p><input type="checkbox"/> Funeral Home Information (FHI)</p> <p>State reason: _____</p> <p><input type="checkbox"/> <b>Fetal Death Sub for Review (submit copy of Fetal Death Worksheet along with this form)</b></p> <p><input type="checkbox"/> <b>Fetal Death Sub for Registration</b></p>
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**Never Worked, check one:**

**Injury related Disability (requires ME Clearance, regardless of date)**

**Congenital, Natural Medical related disability.**

**\*Please allow 2 hrs to process your request\***

- Refile Permit       Fax File Attached       For review only - Walk-In Re-File
- Request for non-contagious disease letter, **Record must be State Registered**
- Ship Out/International Disposition Ship-Out Hrs 9-11:30am & 1-3:00pm. **Record must be state registered.**
- Filing over 8 days from date of death, **must submit written documentation.** Explain reason for late filing below. Per H&S Code Sec 103070 a body may not be held more than 8 days without a permit to do so.  
\_\_\_\_\_
- Other \_\_\_\_\_

**\* Name of Funeral Establishment:** \_\_\_\_\_

**\* Contact Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**\* Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**\* Denotes required fields. Please assure that these fields are completed prior to faxing.**